

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/86 9414**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		0				
18		0				
19	/					
20		/				
21		/				
22		/				
23		/				
24	/					
25		/				
26		/				
27	/					
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		0				
37		0				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47	/					
48		/				
49		/				
50		/				
TOTAL IND.	5					
TOTAL DEP.	49					
TOTAL CLAIMS	54					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		4				
53		4				
54		/				
55		/				
56		/				
57		/				
58		/				
59		3				
60		3				
61		/				
62	/					
63		0				
64		/				
65		/				
66		/				
67		/				
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
75		/				
76		/				
77		0				
78		0				
79		0				
80	/					
81		/				
82		/				
83	/					
84		/				
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96	/					
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	4					
TOTAL DEP.	56					
TOTAL CLAIMS	60					

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SERIAL NO. 09/869414  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
/01		/					51						
/02		/					52						
/03		/					53						
/04	/						54						
/05		/					55						
/06		/					56						
/07		/					57						
/08	/						58						
/09		/					59						
/10		/					60						
/11		/					61						
/12		/					62						
/13		/					63						
/14		/					64						
/15		/					65						
/16		/					66						
/17		/					67						
/18		/					68						
/19		/					69						
/20		/					70						
/21	/						71						
/22		/					72						
/23		/					73						
/24	/						74						
/25		/					75						
/26		/					76						
/27		/					77						
/28		/					78						
/29		/					79						
/30	/						80						
/31		/					81						
/32		/					82						
/33		/					83						
/34	/						84						
/35		/					85						
/36		/					86						
/37		/					87						
/38		/					88						
/39		/					89						
/40		/					90						
/41	/						91						
/42		0					92						
/43		0					93						
/44		/					94						
/45		/					95						
/46		/					96						
/47		/					97						
/48		/					98						
/49		/					99						
/50		/					100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	43						TOTAL DEP.						
TOTAL CLAIMS	50						TOTAL CLAIMS						